

HOLIDAY CARE SCHEDULE

Thursday, March 29th – Friday, April 6th

THURSDAY 3/29	FRIDAY 3/30	MONDAY 4/2	TUESDAY 4/3	WEDNESDAY 4/4	THURSDAY 4/5	FRIDAY 4/6
	CLOSED Good Friday					



Thursday, March 29th – Mad Science (bring lunch)

Friday, March 30th – **CLOSED – NO CARE**

Monday, April 2nd – @Play Amusements (bring lunch)

Tuesday, April 3rd – Let Loose (bring lunch)

Wednesday, April 4th – Bowling (*lunch included*)

Thursday, April 5th – Adventureland (bring lunch)

Friday, April 6th – Earth Arts (bring lunch)

NOTE: Fee for holiday care is \$60.00 per day which is due one week in advance so that we can plan for adequate staffing as required by NYSOCFS.
(If we do not receive payment on time, a \$25 late registration fee will be incurred.)

Holiday care is at the West End Community Center at 79 Maryland Ave. from 9am-5pm
Early Morning Care is provided from 7am for a fee of \$10

Please note that pick up time is 5:00 PM – Sorry, no extended care
(Children picked up after the stated time will incur a \$25 late fee)

Money must be in a week prior to the date(s) needed. Your account must be in good standing in order to take advantage of this opportunity. All participants **MUST** be registered with YFS and have current medical and emergency cards (available in YFS office at 650 Magnolia Blvd.).

Sign and return the attached page with your payment

Activities subject to change

Holiday Care is subject to adequate enrollment

Holiday Care Thursday, March 29th – Friday, April 6th

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

Please check the dates your child will be attending holiday care:

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_____ Tuesday, April 3rd – Let Loose (bring lunch) *Separate permission slip must be signed*

_____ Wednesday, April 4th – RVC Bowling (*lunch included*)

_____ Thursday, April 5th – Adventureland (bring lunch)

_____ Friday, April 6th – Earth Arts (bring lunch)

Payments Accepted: Check, Cash, Money Order, Credit Card (Visa or MasterCard)

Card Number _____ Exp Date _____

Billing Zip _____ Signature _____ Date _____

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